State of the Art Safety Standards in RA
THE EUROPEAN SOCIETY OF REGIONAL ANAESTHESIA & PAIN THERAPY

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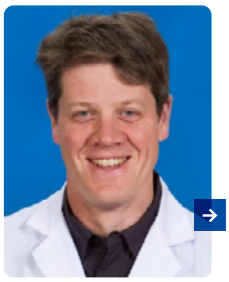

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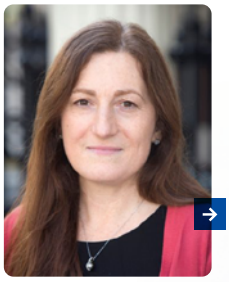

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A Flourishing Start to 2024

Editorial team

In just four months, the European Society of Regional Anaesthesia & Pain Therapy (ESRA) has been a hive of activity. From engaging conferences to educational webinars, ESRA has been at the forefront of advancements in regional anaesthesia and pain medicine. Let's take a closer look at some of the key events that have taken place.

ESRA's Winter Week: Kicking off the year in style, ESRA's Winter Week provided a platform for experts and enthusiasts to delve into the latest developments in regional anaesthesia and pain medicine while enjoying the breath-taking Längenfeld slopes and other winter activities.

ESRA's World Day of Regional Anaesthesia and Pain Medicine: A milestone event, this day served as a testament to ESRA's commitment to global outreach and collaboration. Dr. Penafrancia Cano and Dr. Mohamed Mustafa, Asian and African local organizers, respectively, shared their inspiring experiences, highlighting the impact of this global initiative.

e-ESRA 2024: In a rapidly evolving digital landscape, e-ESRA 2024 set a new standard for online congresses. Offering a behind-the-scenes glimpse, ESRA Updates provides insights into this ground-breaking event.

ESRA's Cadaver Workshop: Hosted in Innsbruck, this workshop provided Pain Physicians and Regional Anaesthesiologists with invaluable hands-on experience, furthering their expertise in the field.

6th Edition of ESRA Trainees Workshop: Dedicated to the next generation of regionalists, this workshop was a resounding success, providing young professionals with essential knowledge and skills.

ESRA Webinar Series: A cornerstone of continuous education, ESRA's webinar series has consistently provided valuable insights. April's webinar, focusing on Nocebo and Anaesthesia, was particularly enlightening.

ESRA/ASRA Pain Medicine Newsletter Collaboration: ESRA's collaboration with ASRA resulted in a captivating journal piece. An interview with Dr. Amit Pawa and Dr. Jeff Gadsden shed light on their immensely popular joint podcast, "Block it like it's hot."

With each event, ESRA reaffirms its commitment to advancing the field of regional anaesthesia and pain medicine. As we move forward, let's continue to celebrate these achievements and look forward to even more cutting-edge initiatives from ESRA!

The ESRA-update Team
& Steve Coppens

World day of regional anaesthesia: AFSRA insights

Mohamed Mohamed (Consultant Anaesthetist, AFSRA Head of Scientific Committee)

«We always believe as AFSRA community that such engagement in these events reduces all these barriers and spreads the knowledge of regional anaesthesia.»

Introduction:

The scope of regional anaesthesia has expanded significantly over the years, with innovative techniques and advancements in technology driving its widespread adoption across various medical specialties.
ESRA, together with its Sister Societies AFSRA, ASRA Pain Medicine, AOSRA and LASRA, launched the 1st World Week of Regional Anaesthesia and Pain Medicine, from Saturday 20th to Saturday 27th January 2024. Regional Anaesthesia (RA) and Chronic Pain physicians around the globe were connected together, highlighting the critical fields of RA and Pain Medicine, under the inspiring theme:

"Joining Hands for a Pain Free Future Worldwide"

Africa was inundated with the extraordinary embracing of the world day of regional anaesthesia , with extraordinary efforts done to make it successful, with more than 24 cities from all parts of Africa. Despite regional anaesthesia being underused in low-resource settings in Africa, there is a strong need to upgrade regional anaesthesia to the next level. Transformative impact of regional anaesthesia on patient care and outcomes is essential since its performance is safer than general anaesthesia and less resources as long as skills and experience are available.
One notable example of the clinical impact of regional anaesthesia in Africa is its role in enhanced recovery after surgery (ERAS) protocols. By incorporating regional anaesthesia techniques into multimodal analgesic regimens, ERAS programs have been shown to accelerate recovery, reduce complications, and improve patient satisfaction.

Barriers of regional anesthesia in Africa:
Despite its many benefits, regional anaesthesia still faces challenges, including barriers to access, variations in training and expertise among healthcare providers, and misconceptions among patients and clinicians. Addressing these challenges will require concerted efforts to enhance education and training, promote interdisciplinary collaboration, and raise awareness of the benefits of regional anaesthesia.
That's why we always believe as AFSRA community that such engagement in these events reduces all these barriers and spreads the knowledge of regional anaesthesia.

Prior to the event:
Linguistics, geography, resources variation between different centres were big challenges to invite all centres in Africa and to encourage them all to participate on a large scale. An excellent idea was to make the big centres in Africa connected to all neighbour centres with similar language and skills. Therefore, South Africa , Egypt and Morocco were the main hubs for transmitting their materials live to affiliated centres.

On the day:
20 different African countries took part with phenomenal engagement from all of them. Myself personally communicated with 28 local coordinators in different parts of Africa, with live telecommunication from different platforms, to ensure that everything is running as planned.
All centres managed to complete the full programme sent by ESRA, including the theory and hands-on workshops.

Agreed modification of the programme was done to make it relevant for each centre.

Number of meetings done prior to the day between all coordinators and ESRA chair Dr Eleni Moka and organisers helped us to make the day running in a smooth way.

A list of the all coordinators:

- Cairo/Egypt: Dr Amany Ayad
- Casablanca/Morocco: Dr Afak Nsiri
- 8 cities South Africa: Dr Francois Retief
  - Johannesburg: Dr Maria Fourtounas
  - Cape Town: Dr Bronwyn Roopnarain
  - George: Dr André Theron
  - Mthatha: Dr Nondwe Mgoqo
  - Potchefstroom: Dr Annamarie Steyn
  - Nelspruit :Dr Reinier Swart
  - Somerset West: Dr Jody Davids
  - Bloemfontein: Dr Jerome Mogorosi
- Algeria/Algeria: Dr Nor Eddine Bouarroudj
- Abidjan/Ivory Coast: Dr Kadidja Kone
- Yaounde/Cameroon: Dr Lionelle Tchokam
- Dakar/Senegal: Dr Mamadou Mour Traore
- Windhoek Namibia: Dr Kavezembua Kavari
- Lusaka /Zambia : Dr Arthur Polela
- Nairobi/Kenya: Dr Antony Kamau
- Ouagadougou/Burkina Faso: Dr Aida Zongo
- Bukavu/DRC: Dr William Baraka
- Mogadishu/Somalia: Dr Abdullahi Said Hashi
- Rwanda/Kigali: Dr Nyandwi Damscene
- Cape Coast/Ghana: Dr Ekor Oluwayemisi
- Hergissa/Somaliland: Dr Mubarak Mohamed
- Luanda/Angola: Dr Silvina Pereira
- Maputo/Mozambique: Dr Hamilton Arnaldo
- Monrovia/Liberia: Dr Suleiman Musa

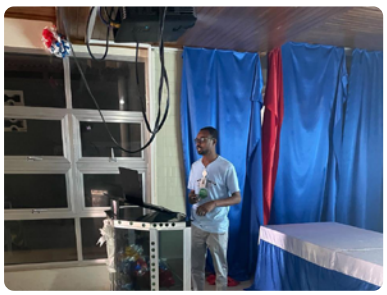
Challenges and Future Directions:
Looking to the future, ongoing research and innovation hold great promise for further advancing the field of regional anaesthesia. From the development of novel techniques in teaching and educating to the integration of more resources in regional anaesthesia for enhanced precision and safety, the future of regional anaesthesia is brighten Africa.

Repeating the world day of regional anaesthesia and similar events in line of collaboration with all different societies is a key in a fair global regional anaesthesia and we believe that it should be on a bigger sustainable scale.

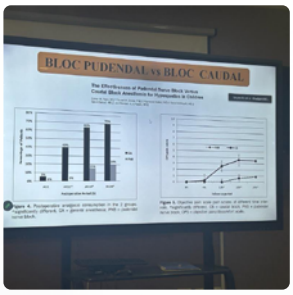
Conclusion:
World Day of Regional Anaesthesia serves as a reminder of the transformative power of regional anaesthesia in improving patient care and outcomes. By celebrating achievements, raising awareness, and fostering collaboration, this annual observance reaffirms the importance of regional anaesthesia in modern healthcare and inspires continued efforts to innovate and advance the field. Some not conclusive photos and highlights from different centres:

Click to enlarge

Liberia *(click to enlarge)*




Senegal *(click to enlarge)*

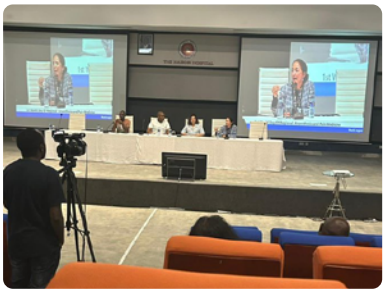
Morocco *(click to enlarge)*



Egypt *(click to enlarge)*



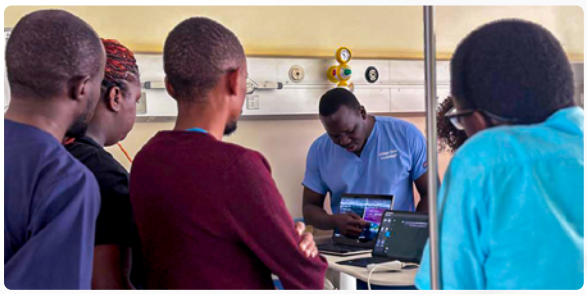

Kenya *(click to enlarge)*

Somalia *(click to enlarge)*

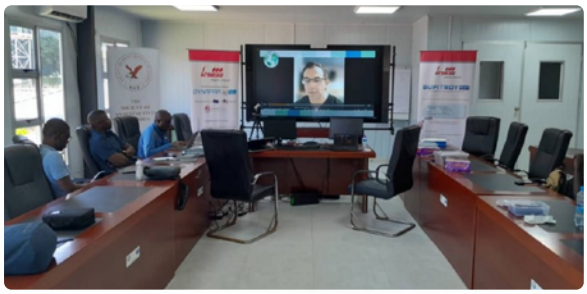

Algeria *(click to enlarge)*


Uganda *(click to enlarge)*




Mozambique *(click to enlarge)*

Zambia *(click to enlarge)*



Congo DRC *(click to enlarge)*

South Africa

Ivory Coast

Cameroon

Angola

A Narrative of the First World Day of Regional Anaesthesia and Pain Medicine

Jeff Gadsden (Duke University Hospital, Durham, NC, USA) @jeffgadsden

«We cannot forget the successful turnout of the conference and the feeling of accomplishment of the officers of MARA knowing that we were able to impart to our attendees the positive impact of RA in improving the quality of life of our patients.»

During the first week of November 2023, I was elated to receive a personal email from the ESRA President, Dr Eleni Moka, giving me a background about the First World Day of Regional Anaesthesia (RA) and Pain Medicine which was to be held on January 27, 2024 with the inspiring theme "Joining Hands for a Pain Free Future Worldwide". It was a conference that was to occur simultaneously amongst all regional anaesthesia societies and organizations around the world with the cooperation of the sister societies of ESRA . As the Philippine representative of the ESRA International Committee, Dr Moka encouraged me to embrace the idea in putting up the RA conference in Manila.

I consulted my colleagues of our organization, the Manila Academy of Regional Anaesthesia (MARA, where most pioneer fellowship programs have started), regarding the proposal. Initially, we had second thoughts about the idea because of the short period of time that will be allotted to set up and prepare for the conference. Secondly, because it was going to be a face to face event, we needed the help of the industry partners to help defray the cost for the meals of the attendees, the audio visuals that will be used and other expenses. With a little more than two months left to send the invites, we might not receive the support that we needed. More so, we might not be able to attract a lot of registrants. With further deliberation, the MARA officers decided that we will fully support the project that was initiated by ESRA under the leadership of Dr Moka and Dr Bloc, the head of the organizing committee of the First World Day of RA. Our aim of being a part of the activity was to join hands, share knowledge and work together with all RA societies and organizations to show to our anaesthesia colleagues not only in the Philippines but all over the world that we were one in our aspiration to offer relief and transform the lives of those patients who are afflicted with pain.

Surprisingly, we were able to surpass all the stumbling blocks. First, we found a venue for the event, at the Makati Medical Center, a prestigious JCI accredited tertiary hospital which is part of a group of hospitals under MARA. We extend our deepest gratitude to the Chair of the Department of Anesthesiology, Dr Amelia Reyles, who warmly welcomed our proposal for them to host the event. Special mention to Dr Noel Aypa, the head of the RA fellowship program and Dr Aileen Rosales, the RA fellow for facilitating all the legwork. We were also thankful to the drug companies who supported and helped us even with short notice. But the biggest surprise was the huge turn out of attendees from different parts of the Philippines who came to register and joined us in the celebration of the First World Day of RA and Pain Medicine. We initially feared that we will be able to fill up only half of the conference hall which can accommodate up to 80 attendees but the support was astounding we could not believe that we were able to record more than 90 registrants which exceeded the maximum capacity! During the entire duration of the event, we felt the overwhelming enthusiasm and eagerness of the participants to learn and adopt RA in their practice.

Poster of the World Day of RAPM taking place in Makati Medical Center, Philippine

The most notable attendee was Dr Nazeer Ahmed, the head of RA at the Hammad Medical Corporation in Qatar who voluntarily travelled to Manila to join us, as a speaker and workshop facilitator which boosted further the local faculty line up and helped keep the spirits high.

Three months had passed but until now, we cannot forget the successful turnout of the conference and the feeling of accomplishment of the officers of MARA knowing that we were able to impart to our attendees the positive impact of RA in improving the quality of life of our patients. I am very thankful to Dr Eleni Moka, the President of ESRA for her guidance and inspiration from the time of conceptualization up to the day of the event.

The success of the First World Day of RA and Pain Medicine around the world was a celebration of the collective power and commitment of all RA societies to create a world where effective pain management is the universal goal. The journey ahead may be challenging but with unity, hard work and determination, together we can turn our dream into a reality of ensuring a pain free future for everyone!

The World Day of RAPM in pictures

Editorial team

For its first edition, the World Day of Regional Anaesthesia & Pain Medicine was a success with:

- +10K participants worldwide
- +1million impressions on social media
- 1K new ESRA trainee members

Take a look at the photo gallery for an overview of this unforgettable event! Thank you to all participants who shared their experience on social media with the hashtag #WDRAPM:

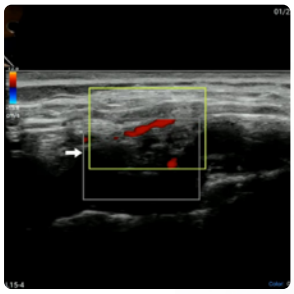
Click to enlarge

Abu Dhabi, UAE

Abu Dhabi, UAE

Ankara, Turkey

Ankara, Turkey



ASRA webinar

Bangalore, Indiat

Bangalore, Indiat

Bhubaneshwar, India

Brussels, Belgium

Brussels, Belgium

Bukavu, Democratic Republic of the Congo

Cairo, Egypt

Click to enlarge

Casablanca, Morocco

Chapel Hill, NC, USA

Chapel Hill, NC, USA

Cochin, India

Faridabad, India

Faridabad, India

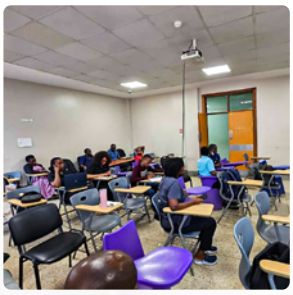
Frimley, UK

Frimley, UK

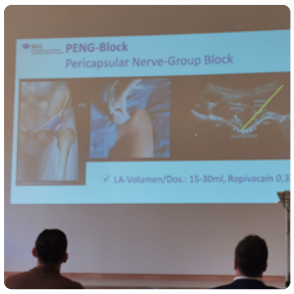
Istanbul, Turkey

Istanbul, Turkey

Kabale, Uganda



Kabale, Uganda



Marburg, Germany

Marburg, Germany

Monrovia, Liberia

Mumbai, India

Click to enlarge

Nairobi, Kenya

Odisha, India

Odisha, India

Paris, France

Paris, France

Patna, India

Patna, India

Webinar in Peru

Porto, Portugal

Porto, Portugal

Dakar, Senegal

Singapore, Singapore

Singapore, Singapore

Stuttgart, Germany

Yaounde, Cameroon

Yaounde, Cameroon

Quiz of the World Day of Regional Anaesthesia and Pain Medicine

Editorial team

During the ESRA World Day of Regional Anaesthesia and Pain Medicine held in January 2024, participants were given the opportunity to take a five-minute quiz. The top three respondents globally were promised a complimentary registration for the upcoming Prague congress. The quiz was exclusively available to registered participants of the World Day, with only one participation permitted per entrant/device.

Are you eager to know the quiz questions and the correct answers? Stay tuned as we reveal all the details, including the quiz and the identities of the winners!

1. Who was the first person to utilize cocaine as a local anaesthetic in 1884?
- Sigmund Freud
- Karl Ludwig Schleich
- August Karl Gustav Bier
- Theodor Tuffier
- Carl Koller

2. In the 1860s, Angelo Mariani created a wine. What did he mix in it?
- Heroin and Wine
- Coca and Cola
- Coca and Wine
- Ketamine and Wine
- White and Red Wine

3. Which of the following Local Anaesthetics was developed first?
- Tetracaine
- Cocaine
- Procaine
- Againstcaine
- Liposomal Bupivacaine

4. When was the Tuohy needle developed?
1942
2012
1838
1955
1944

5. Who introduced the technique of Intravenous Regional Anaesthesia (IVRA) in 1908?
An anaesthesiologist
August Karl Gustav Bier
Arthur Beer
Gaston Labat
A surgeon

6. Who is behind the "No paraesthesia, no Anaesthesia" concept?
Daniel Moore
Roger Moore
Adam Moore
Gordon Moore
Maya Moore

7. In which year did George Perthes first report on the clinical use of electric nerve stimulation for peripheral nerve blocks?
1912
1815
1969
1776

8. I don't care, I want it" – Who was the first person to benefit from anaesthesia for a painless delivery?
Queen Nefertiti
Queen Victoria
Queen Elizabeth
Snow Queen
Queen Cleopatra

9. Who described first the sciatic nerve block?
Victor Pauchet
Gaston Labat
Sia Tibloc
Alon P. Winnie
Elton Piriformis

10. When did the first public demonstration of ether anaesthesia take place?
16 October 1846
27 January 2023
27 January 1846
16 October 1969
30 February 1846

11. **When did the first operation under spinal anesthesia by August Bier take place?**
1898
1854
1903
1874
1915

12. When was CSE first described and whom is it generally attributed to?

1937, Soresi
1912, Bier
1845, Reynolds
1955, Bromage
1961, Morgan

13. When and by whom was the first epidural anaesthesia described?

1901, independently by two French (Jean–Anthanase Sicard & Fernand Cathelin)
1921, by Fidel Pagés Miravé
1914, by August Bier
1898, by Carl Koller
1923, by Gaston Labat

14. When was the gate control theory of pain sensitivity first proposed by Melzack and Wall?

1954
1964
1965
1939
1947

15. William Halsted was

A surgeon
An anaesthesiologist
A veterinary physician
A scrub nurse
A pharmacist

Correct answers:

1. Carl Koller
2. Coca and Wine
3. Procaine
4. 1944
5. August Karl Gustav Bier + A surgeon
6. Daniel Moore
7. 1912
8. Queen Victoria
9. Victor Pauchet
10. 16 October 1846
11. 1898
12. 1937, Soresi
13. 1901, independently by two French (Jean–Anthanase Sicard & Fernand Cathelin)
14. 1965
15. A surgeon

Congratulation to our 3 top winners!

Mateusz Kreczko (Warszawa)
Annemarie Chrysantia Melati (Jakarta)
Mukasa Emmanuel Lutimba (Kabale)

e-ESRA Congress 2024: A Pioneering Virtual Event in Regional Anesthesia and Pain Management

Clara Lobo (Editor of ESRA Updates; Cleveland Clinic Abu Dhabi, UAE) @claralexlobo

«An ambitious and comprehensive program was developed to cover all areas of expertise relevant to the regional anaesthetist and pain doctor.»

The 6th e-ESRA Congress was broadcasted live from Paris on April 6th, 2024. This event marked a continuation of ESRA's commitment to innovation, education, and collaboration in the field of regional anaesthesia and pain management.

The e-ESRA Congress 2024 is an eagerly anticipated virtual event that brings together the expertise and knowledge of key opinion leaders and experts from around the globe. This year, ESRA teamed up with the Sister Societies: ASRA-PM, LASRA, AFSRA, and AOSRA-PM, making this event truly international and interdisciplinary.

Under the expert guidance of the event's chair, José A. Aguirre, an ambitious and comprehensive program was developed to cover all areas of expertise relevant to the regional anaesthetist and pain doctor. The topics of discussion include:

- Acute and Chronic Pain Management: basic and new techniques
- Advances in Regional Anaesthesia and Pain Medicine
- Educational Strategies, Simulation and Artificial Intelligence in Anaesthesia
- Obstetric Anaesthesia Innovations
- Emergent Techniques in Pain Management and Anaesthesia

This event represents an unparalleled opportunity for learning, e-networking, and sharing, all from the comfort of your home or office.

Why Attend?

The e-ESRA Congress is not just another virtual conference. Since its inception in 2018, it has consistently pushed the boundaries of traditional educational events, making it a must-attend meeting for professionals in the field. Here are a few reasons why you should not miss out:

- Expert Insights: Gain access to a wealth of knowledge from some of the world's most renowned specialists in regional anaesthesia and pain management.
- Comprehensive Coverage: With a wide array of topics, there's something for everyone, whether you're interested in the latest techniques, emerging technologies, or foundational knowledge.
- Global e-Networking: Connect with colleagues and peers from across the globe, share experiences, and expand your professional network.
- Free for ESRA Members: This event is free for all ESRA members. If you're not yet a member or need to renew your membership, now is the perfect time to do so.

The 6th e-ESRA was an hybrid congress broadcasted live from Paris bringing together +500 attendees worldwide. (Click to enlarge)

A Special Thank You

Our sincerest thanks go out to the dedicated industry partners who have joined forces with ESRA for the e-ESRA Congress 2024: BBraun, Pajunk and Sintetica. Your invaluable support is the cornerstone of this event's success, significantly contributing to the advancement of regional anaesthesia and pain management. Through your commitment, you've helped create an exceptional platform for educational exchange, impacting professionals across the globe. ESRA is deeply grateful for your unwavering dedication to excellence and your instrumental role in transforming our ambitious vision into reality. Your partnership not only enriches this event but also fosters the growth and innovation of our entire community. Thank you for being an essential part of our journey towards a brighter future in anaesthesia and pain management.

Video recordings

Did you miss the live broadcast, or parts of it? *The video recordings are available for 1 year for free to all ESRA members.*

Don't miss this opportunity to be part of a pioneering event that stands at the forefront of anesthesia education and practice!

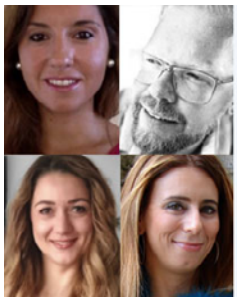
The 6th ESRA Residents & Trainees workshop, Porto, Portugal


Lara Ribeiro (EDRA diplomat, Hospital de Braga, Portugal)


Josip Azman (Linkoping University Hospital, Sweden)


Vivien Penning-Titze (ESRA Events Manager) @vivien_pt


Clara Lobo (Editor of ESRA Updates; Cleveland Clinic Abu Dhabi, UAE) @claralexlobo



«The participants could enjoy two whole days of education with lots of hands-on practice and simulation training.»

The 6th ESRA Residents and Trainees workshop has been an absolute blast with its 72 participants from 20 different countries. The participants could enjoy two whole days of education with lots of hands-on practice and simulation training. The incredible dedicated international faculty led by Lara Gonçalves Ribeiro from Portugal and Josip Azman from Sweden did a great job together with ESRA's Events Manager Vivien Penning-Titze and once again succeeded in offering high quality education for an affordable price.

The ESRA R&T workshop is accredited with a maximum of 16.0 European CME credits and with 11 EDRA points. Therefore, if you need a superb and dynamic education in regional anaesthesia with CME points and/or prepare for the EDRA exam – plan your trip to Porto in April 2025 when the 7th ESRA R&T workshop is planned. Keep an eye on the ESRA website because this year we were fully booked months before the workshop started.
Thanks a million to our superb faculty and the Hospital das Forças Armadas and Simulation Centre in Porto!
See you next year in Portugal!

(Click to enlarge)

Unveiling the Nocebo Effect: Harnessing the Power of Positive Communication in Anaesthesia


Clara Lobo (Editor of ESRA Updates; Cleveland Clinic Abu Dhabi, UAE) @claralexlobo


Barbara Breebaart (UZA Edegem, Belgium) @BBreebaart

«Barbara Breebaart's webinar illuminated how disregard and ignorance of nocebo effects can lead to unintended repercussions.»

On the anniversary of Portugal's Carnation Revolution, a historic moment celebrated for its peaceful uprising, ESRA hosted a webinar that echoed the spirit of transformative change. Barbara Breebaart's captivating presentation, "Unveiling the Nocebo Effect: Harnessing the Power of Positive Communication in Anaesthesia," drew a poignant parallel to the ethos of that pivotal event.

In the pursuit of informed consent, the ethical maxim of "primum nihil nocere" (first, do no harm) often feels like navigating a labyrinth. Much like the revolutionaries who wielded flowers instead of violence, positive communication emerges as a revolutionary force in the medical world, dismantling the tyranny of fear and uncertainty.

The term 'nocebo' itself, derived from Latin, meaning 'I will do harm,' encapsulates this pervasive fear. At times, in our zeal to educate, we unwittingly inflict harm. However, as history has shown, change can be tranquil and affirming, and so can our communication.

Barbara Breebaart's webinar illuminated how disregard and ignorance of nocebo effects can lead to unintended repercussions. She underscored that while comprehensive risk descriptions may seem beneficial, they can provoke distress and nonadherence in patients. The nocebo effect, fueled by negative expectations, can yield detrimental outcomes.

Prior to the webinar, participants were surveyed regarding their communication practices with patients through a series of questions. Following Barbara's presentation, a subsequent poll was conducted on the same topic. It was enlightening to observe a notable shift in comprehension and perspective (refer to figure 1 for results) as the majority of participants selected all the correct answers from the new set!

During the Q&A session, participants delved deeper into the subject matter, seeking elucidation on various aspects:

1. What would be the best way of counselling a patient who strongly believes epidural causes backpain?
Dr Breebaart's answer: This is a very good and relevant question. Existing beliefs and expectations influence experience to a great extent and exploring them can be done by the "ICE" principle. This means exploring Ideas, Concerns and Expectations. Knowing where these ideas come from allows reframing before the procedure takes place. If done properly patients might have more realistic expectations and positive communication can be used during the procedure.

2. Is there any different techniques of communication in pediatric patient group?
Dr Breebaart's answer: Absolutely. First of all, since when parents are present we have a communication triangle. You might want to use positive communicaiton techniques towards the parents as well, as they are or often are very nervous themselves and tranfser this subconsiouslys to their children. Children have a magnificant imagination which creates a lot of opportunities. Depending on the age this is very variable and can go from soothing sounds and facial expressions to making the or table an aeroplane or to go to a safe place where the sky is the limit.

3. How can we handle litigation if something bad experienced which was not told earlier?
Dr Breebaart's answer: Positive communication is a technique that is developed to use during invasive techniques to reframe this experience in the moment itself. In handling complications, provision of information is of uppermost importance. It is important that risk communication is correctly done when obtaining informed consent before a procedure takes place. For this there are several communication techniques avaliable that go beyond the scope of this topic. Anouncing risks and side effects does work as a nocebo and there is a lot of discussion on how we should adress this problem.

4. Which is best as per your practice? combined spinal epidural or epidural only?
Dr Breebaart's answer: As far as technical performances, I do not have a personal preference. If you have a protocol that works and is clear for everybody either technique is effective. Communication during either one of these procedures requires the same principles. More important is active listening in order to adjust your communication to the patient rather than to the procedure to understand your patient specific needs.

5. If we used placebo instead of any analgesic is this bioethically correct?
Dr Breebaart's answer: This question can be answered from different views. When we talk about pharmacoligal analgesics, placebo migh be used in research setting for which clear ethical legislation is available (ethical approval, informedconsent). However when we talk about placebo in and nocebo effects in communication there are only opinions and experiences. My own opnion is to leave the experience with the patient, which implies no nocebo but also no promises of "feeling noting". Everybody is different and has a different pain threshold.

6. What if to say to the patient "it will stink a little bit', it also gives an information.
Dr Breebaart's answer: It absolutely does and your question is very correct. As mentioned above, every person is different and has different experiences. What might smell awful for one person might be a more neutral scent for another. I would prefer to say "you might smell somthing", without deciding how this will be: I tend to avoid the word "a little bit" for the same reasons.

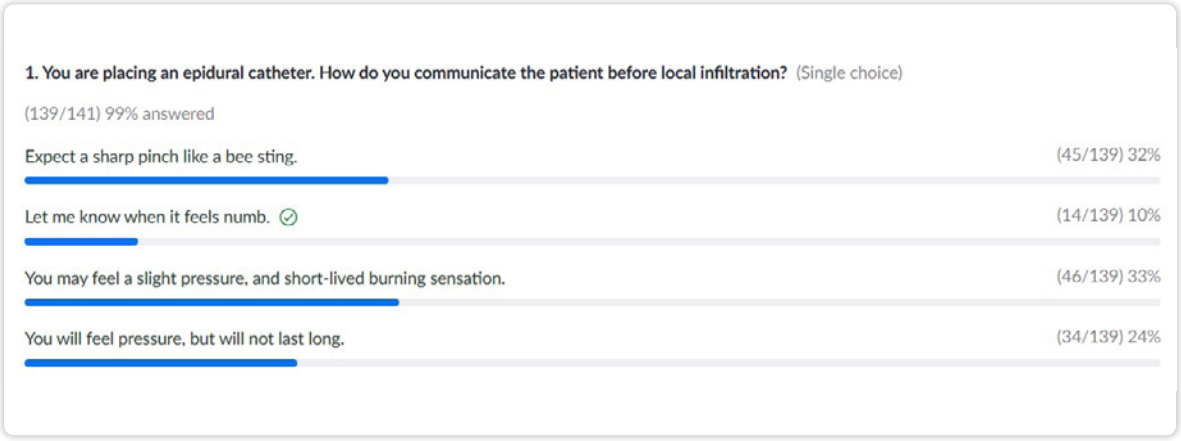
7. It is important to understand the why of nocebo and placebo. Both occur via language conditioning. Words in our language have come to elicit an emotional response. A negative word elicits negative emotional responses that make pain worse. Think about the words themselves.
Dr Breebaart's answer: This is so true. Therefore it is important to realize that eventhough when we are trained in the avoidance of nocebo's, we might subconiously use words or bodylanguage that is experienced as a nocebo by the patient. Learning to become conscious of bodylanguage can be very helpful here to detect any reactions that are not verbally expressed.

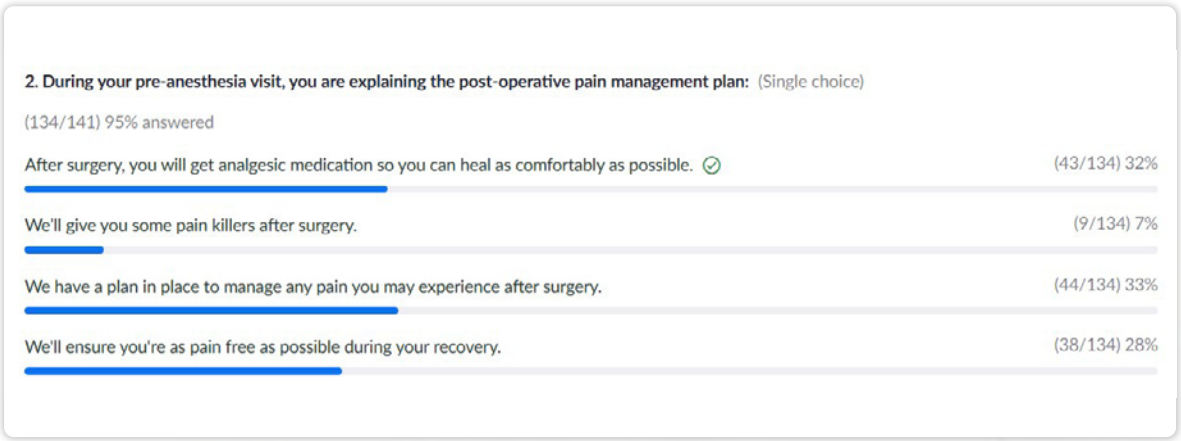
In embracing positive communication, we are not merely imparting knowledge; we are empowering, comforting, and fostering healing. Like the Carnation Revolution, it represents a tranquil yet formidable catalyst for change.

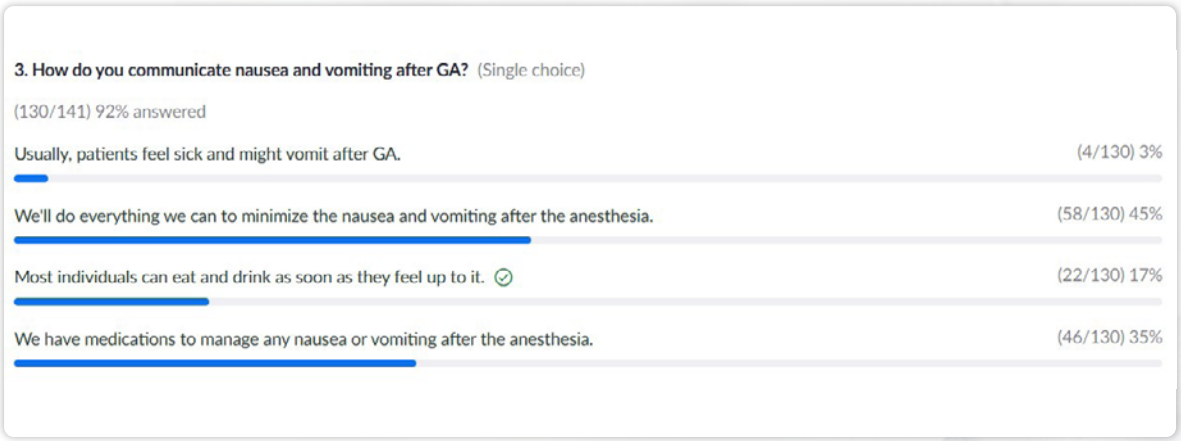
Fig. 1 – Live polls report

The correct answers are marked in green

Before presentation.







After presentation.

1. The patient is moving while you are placing an epidural catheter. How do you speak to the patient: (Single choice)

(138/139) 99% answered

Please be still as the needle is in place and I need to thread the catheter.	(10/138) 7%
Please don't move so I can thread the epidural catheter.	(5/138) 4%
I'll do my best to remove the needle from your back as fast as possible.	(6/138) 4%
You're doing great, just be still a little longer and we'll be done. ✓	(117/138) 85%

2. You are wheeling the patient inside the OR. How do you reassure the patient? (Single choice)

(133/139) 96% answered

Don't be scared about the number of people in the Operating Room.	(7/133) 5%
Everyone present in the room has a specific role to play in ensuring your safety and comfort. ✓	(65/133) 49%
All these people are dedicated to taking care of you.	(51/133) 38%
We have a big team here.	(10/133) 8%

3. When administering propofol, what do you say to the patient: (Single choice)

(133/139) 96% answered

This may/may not burn in your arm.	(11/133) 8%
You say nothing and inject the propofol as quickly as possible.	(23/133) 17%
You might feel a burning sensation as it goes in.	(32/133) 24%
We'll go slow to minimize any discomfort you might feel. ✓	(67/133) 50%

The video recording of the webinar is available for members in our ESRA Academy

ESRA/ASRA Pain Medicine newsletter collaboration


Amit Pawa (Consultant Anaesthetist, Podcaster & Clinical Professor) @amit_pawa


Jeff Gadsden (Duke University Hospital, Durham, NC, USA) @jeffgadsden


Kris Vermeylen (Co-Editor of ESRA Updates, AZ Turnhout, Belgium) @KVermeylen

«Reflecting this shared spirit of collaboration, who better to kick off this project for us in ESRA Updates than Dr Amit Pawa and Dr Jeff Gadsden, two anaesthesiologists sharing a cooperative podcast.»

As you have read in the October editorial in 2023 in ESRA Updates *Editorial – ESRA (esraeurope.org)*, we made a big stride in the collaboration between ESRA and ASRA Pain Medicine at the World Congress in Paris. Joining forces between two associations of regional anaesthesia can lead to a more potent, influential, and effective presence in the field. The synergies created through collaboration can result in advancements that benefit professionals, patients, and the broader healthcare community.

In this spirit, ESRA and ASRA have begun a partnership through a newsletter journal. This common venture aims to enhance communication, share insights, and foster a sense of community among associates of both organizations. To ensure the success of this collaboration, it is vital to articulate clear goals, identify the target audience, develop a content calendar, assign roles and responsibilities, and meticulously review and refine the content.

Amit Pawa's and Jeff Gadsden's podcast gathers listeners from 106 countries worldwide and counts over 26,000 downloads

Initiating a collaboration between two organizations specializing in this subdiscipline of anaesthesia necessitates meticulous strategizing, proficient communication, and a mutual understanding of objectives. Essential considerations encompass precise delineation of the goals of each association, thorough investigation of their respective missions, identification of contacts, coordination of initial meetings, pinpointing collaborative projects or initiatives, formulation of a comprehensive communication strategy, and dissemination of pertinent information to members of both associations.

By adhering to these guidelines, ESRA and ASRA can consistently produce a joint newsletter that not only caters to their members' interests but also fortifies the relationship between the two organizations, fostering a collaborative and impactful partnership.

Reflecting this shared spirit of collaboration, who better to kick off this project for us in ESRA Updates than Dr Amit Pawa (representing ESRA) and Dr Jeff Gadsden (representing ASRA Pain Medicine), two anaesthesiologists sharing a cooperative podcast.

Dr Amit Pawa is a Consultant Anaesthetist at Guy's & St Thomas' NHS Foundation Trust, and the Cleveland Clinic London, London, UK. Dr Jeff Gadsden is a Professor of Anesthesiology at Duke University, and Chief of the Division of Regional Anesthesiology. They have been cooperating across the Atlantic to create their joint broadcast – "Block it Like it's Hot" – which is a great example of how amazing work can be produced through working together, even across the ocean! In the following script of the 'podcast', we get a flavor of how they do this so successfully, we also explore how their ideas came about and delving into each other's backgrounds, and many more.

ESRA/ASRA Pain Medicine asked them to give the members some insight on their joint podcast "Block it like it's hot" which is getting immensely popular. How did they do it? Read on...

Title: Why we wanted to "Block It Like It's Hot"
Dr Amit Pawa & Dr Jeff Gadsden

Amit: Hey Jeff! How are you?

Jeff: Hey Amit – doing pretty well – How about you?

Amit: Well, you know Jeff – I'm doing just fine thanks for asking! I have a proposal for you? The folks at ESRA Newsletter have asked us to share some of our thoughts with their readership as to why we decided to start our podcast "Block it Like It's Hot", and to share some of our insights and experiences on what it has been like doing our first season. What do you think?

Jeff: Wow – that is such an honor- of course – would be glad to. Wait...I do have one question though.

Amit: Okay, what is it?

Jeff: You are not going to try and squeeze in some jokes are you?! Just kidding! Okay, where should we start? How about why we decided to do it in the first place?

Amit: Great first question, and in regards to the jokes; well I guess it depends on the word count!!

If I recall correctly, we sort of joked about doing a podcast when I interviewed you for an ASRA news article all about the first year you ran #Blocktober right?

Jeff: Yes – that's right – that was a fun thing we recorded over zoom and you then transcribed into an article (https://www.asra.com/news-publications/asra-newsletter/newsletter-item/asra-news/2021/05/01/blocktober-review-an-interview-with-dr-jeff-gadsden) back in 2021.

What many people may not have realized is that we have known each other since 2010/2011 but hadn't really had a chance to spend lots of time together, but we had met at conferences and we even co-authored an article in RAPM right?

Amit: Yes, that's true – the Article that Ki Jinn Chin put together on Abdominal wall blocks in RAPM (https://rapm.bmj.com/content/42/2/133). It was an honor for me to be in that paper with all of you. We actually only talked semi-seriously about doing a podcast when we met face to face after the pandemic at the ESRA meeting in Thessonaliki in June 2022 though.

Jeff: That's right–it was a definite "oh, that's the one!" moment for the name. Speaking of recording, someone asked me recently if we "wing it" for the discussion, or if we had a script. So, there's a bit of a trick there…we do TRY to make it sound like a conversation–and honestly, it is–but actually YOU come up with the framework for each episode's discussion far in advance which is incredibly helpful for keeping things on track. Then we both do some research to make sure we're not making fools of ourselves. Or at least, bigger fools than we already are…

Amit: Haha, yes, that's not an easy task sometimes!

Jeff: You mean coming up with the framework?

Amit: No, making us sound smart! Now Jeff, when listening to a podcast, sound quality is so important, what magic do you work to make us sound the way we do on the podcast?

Jeff: I listen to a number of podcasts, and appreciate good quality audio. It was really important to me that we got the best sound possible. I know that you spoke to Dr Raj Gupta from ASRA, and I spoke to some colleagues I know to get some useful tips. The challenge with recording transatlantic conversations is making sure we didn't suffer due to suboptimal WIFI connections – that's how we came up with the set-up we did.

Amit: Absolutely – so for our readers/listeners, I'll let you into the secret. When we record an episode, we video-call each other so we can have that personal engagement, but we actually record our audio via good quality podcast microphones directly onto our computers. We then rely on the audio editing skills of the "one and only" Dr Jeff Gadsden to put our two audio tracks together as one. This takes a lot of time and effort. Jeff you are an absolute whiz at this! I am so grateful!

Jeff: Hey Amit, it's a pleasure! I actually really enjoy the editing and to begin with, it did take quite a bit of time, but I am definitely getting faster at it now. The only disadvantage is the number of times I need to hear the same joke over and over again! Just kidding!

Amit: Yes! I can imagine that it must be tough, especially with my jokes!

One of the questions Dr Kris Vermeylen wanted to ask was "How do we juggle clinical commitments with making time to put this together?

Jeff: Well the truth is, it is tough isn't it?! We both have family, clinical, academic and educational commitments, and we then have to consider our time differences too! We have had to be organized, and then have a plan of what we want to cover in our allotted time. It's not easy, but because it is something we both enjoy, we make the time. You had some additional organizational issues at home though didnt you?

Amit: Yes, an additional consideration I had for the first 7 episodes recording when my youngest daughter was out of the house! I used her bedroom as a recording studio as it had the best acoustics, so I had to negotiate some deals with her to get studio time! Reflecting back on your point about enjoying what we do, it absolutely is the highlight of my week or month when we get together! It's like catching up with a friend while getting on-line Continuing Medical Education! I learn so much from our chats!

Jeff: I guess the next question people may want an answer to is "How did we decide what topics to cover, and how do we decide what to talk about in each episode"?

Amit: That was where it got interesting. We both have our favorite topics and blocks, but we also wanted to produce content that people would get value from listening too. It was a case of creating a long list of topics, and then selecting the topics we felt would be most valuable such as the knee arthroplasty, teaching, and breast surgery.

Jeff: I think that giving people a reason to tune-in is key. I am not sure that people would be interested in listening to you and I discussing pure clinical trial data–anyone can get that from reading a journal. I do think people are more interested in listening to how you do your awake breast surgery, or how I perform my knee arthroplasty recipe, or even what our opinions are on the ESP Block!

Amit: I was wondering how long it would take for the ESP to be mentioned! The next thing I want to ask you is "How do you envisage people using the podcast as an educational resource"?

Jeff: What's interesting to me is the fact that, as visual a field as ultrasound guided regional anesthesia is, audio podcasts are able to impart valuable information. But maybe our material is kind of a jumping off point for listeners to further their own journey? As this is a relatively informal and lighthearted discussion of the subject matter, I hope that people would use this to reinforce their current knowledge, to use it as a "signpost" to check out some of the other educational materials such as youtube videos or papers we highlight, or even to consider taking aspects of what we talk about and trying it out in their own clinical practice.

Amit: I picture people tuning in on their commute to work, or while relaxing or working at home and using it for some "Edu-tainment"! The most gratifying thing for me was receiving so many messages via the various social media platforms we are on from people who have tried out aspects of our recipes, or used a tip or trick we have mentioned and have it truly benefit patient care. It is a lovely feeling.

What impact has the podcast had so far Jeff?

Jeff: The incredible thing is that we have got listeners from 106 countries worldwide and over 26,000 downloads. It is almost incomprehensible that people who would never have met us, and may never have heard of us are able to benefit from our informal discussions on regional anesthesia – pretty mind blowing eh?

Amit: I was wondering if your Canadian accent would come across in print, and there it was eh?! Yes – the international reach is more than I could have imagined and that is the beauty of social media when used for education. People who may not be in a position to travel to listen to us speak or lecture can hear us talk from the comfort of their own homes. I would also say that the impact on me has been phenomenal too, I was able to modify my regional anesthesia recipe for Knee arthroplasty by listening to yours – the best peer-to-peer education!

Jeff: Now we have talked about the positives, but are there any negatives to listening to a couple of "old geezers" like us talk about regional anesthesia on a podcast?

Amit: We have to be honest and state that our content is not peer-reviewed. So, while much of what we practice as regional anaesthetists is evidence-based, or at the very least evidence-influenced, we are sharing our own thoughts, practices and opinions. It stands to reason that not everyone will agree with us, and some things that we say may not be able to be replicated in other countries or healthcare institutions. What we aim to do however, is spark a conversation, and encourage discussions and dissemination of information. There is one other negative though…

Jeff: Okay, what is it?

Amit: Well, we don't get to hear people laugh at our jokes! Speaking of which – I got one for you. How does a regional anaesthetist locate their target?

Jeff: I am gonna regret this, I don't know Amit, How does a regional anaesthetist locate their target?

Amit: By using Satellite Nerv(e) – igation of course!

Jeff: Oh dear – we better draw this episode to a close! We hope you enjoyed this little insight into #BlockItLikeItsHot, and that you tune in via your usual podcast provider if you haven't already.

Amit: Many thanks to Kris Vermeylen for asking us to contribute to the ESRA/ASRA newsletter – and please do also check us out on X at @blockit_hot_pod, on instagram on block_it_like_its_hot, and on youtube @blockitlikeitshot

Amit & Jeff: Till next time we hope you Block It Like It's Hot!

Listen to the podcast